

NITRITE REPORT  
(FORM #1C.2)

RECEIVED SEP 07 2006

## I. PWS INFORMATION:

1. PWS ID#: 1191000 2. City/Town: Monson  
3. PWS Name: Monson Water & Sewer Dept. 4. PWS Class (circle one): COM, NTNC, NC  
5. DEP Source Code/Location ID 6. Sample Location 7. Date Collected 8. Collected by  
A: Bunyan Rd. Wells 8/7/06 C. Jalbert  
B: \_\_\_\_\_  
C: \_\_\_\_\_  
D: \_\_\_\_\_  
9. Is the Source Treated? Y 10. Was the Sample Collected after Treatment? Y  
11. Manifoldded [ ] If applicable, list the connected sources:

12. Routine [X] Special [ ] (explain below)

Notes: \_\_\_\_\_

## II. LABORATORY ANALYTICAL INFORMATION:

Lab Name: Spectrum Analytical, Inc. Lab Cert.#: MA138/MA1110  
Subcontracted? (Y,N) N  
Sub. Lab Name: \_\_\_\_\_ Sub. Lab Cert.#: \_\_\_\_\_  
Composited [ ] If applicable, list the composited sources:

Notes: \_\_\_\_\_

	Sample A	Sample B	Sample C	Sample D
Result (mg/L)	BRL			
MCL (mg/L)	1.0	1.0	1.0	1.0
Detection Limit (mg/L)	0.0500			
Analytical Method	EPA 300.0			
Date Analyzed	8/8/06			
Lab Sample ID#	SA49098-01			

Laboratory Director Signature and Date

Attention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 10 days after the end of the reporting period.

FOR DEP/DWS USE ONLY: PLEASE INITIAL AND DATE AS COMPLETED

Accepted:	Disapproved:	Data entered into WQTS:
Comments:		